PTO/SB/05 (11/00) Approved for use through 10/31/2002 OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no person	s are required to res	pond to a	collection of informa	atent and ition unles	ss it displays a val	id OMB control number	OF COMMERCE	
Utility			ey Docket No.			MN-9121	200 M	
			nventor or Applic	ation Id	entifier	ntifier Gebrian, et a		
Transmittal	Canister for Inventorying Identification Test Devices in an Automated Micro Real Analyzer							
(Only for new nonprovisional applications under 37	ss Mail Label No		E	EK 608 365 269				
APPLICATION ELEMENT See MPEP chapter 600 concerning utility patent appl			Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231					
Fee Transmittal Form (e.g., PTO/SB/17 (Submit an original, and a duplicate for fee proce.)	7)	!			d/or Amino Ac	id Sequence Subm	nission	
2. Applicant claims small entity status.	ssiig)		•		<i>ble, all necessi</i> puter Readable	••		
See 37 CFR 1.27. 3. ⊠ Specification [Total Pages	50 1		b. Specification Sequence Listing on:					
(preferred arrangement set forth below) - Descriptive title of the Invention				i. 🔲	CD-ROM or 0	CD-R (2 copies); or	r	
 Cross References to Related Appl 				ii. 🔲	Paper Copy			
 Statement Regarding Fed Sponso Reference to sequence listing, a tage 	able, or a		c. [] State	ment verifying	identity of the abo	ve copies	
computer program listing appen - Background of the Invention	ndix			ACCO	MPANYING A	PPLICATION PAR	TS	
 Brief Summary of the Invention Brief Description of the Drawings ((if filed)		9. 🗆 As	signme	nt Papers (cov	er sheet & docume	ent(s))	
 Detailed Description Claim(s) 	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				3.73(b) Statem is an assignee)		er of Attorney	
- Abstract of the Disclosure	otal Shoots 44	1	11. 🔲 En	glish Tr	anslation Docu	ument <i>(if applicable</i>))	
4. Drawing(s), (35 U.S.C. 113) [<i>Total Sheets</i> 44] 5. Oath or Declaration [<i>Total Pages</i> 4]			_	12. Information Disclosure Copies of IDS				
a. 🛛 Newly executed (original or co		Statement (IDS)/PTO-1449 Citations 13. Preliminary Amendment						
 Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed) 			14. ⊠ Re	14. ⊠ Return Receipt Postcard (MPEP 503)				
[Note Box 5 below] i. DELETION OF INVENTO	1	(Should be specifically itemized)						
Signed statement attache inventor(s) named in the				15. Certified Copy of Priority Document(s) (if foreign priority is claimed)				
see 37 CFR §§1.63(d)(2)	and 1.33(b).		16. 🔲 Re	16. Request and Certification under 35 USC 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.				
6. Application Data sheet. See 37 CFR 1.76			17. 🖂 Ot	-	must attach to	1111 - 10/35/33 01 1	is equivalent.	
 CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 							***************************************	
· · · · · · · · · · · · · · · · · · ·	 							
18. If a CONTINUING APPLICATION, check a or in an Application Data Sheet under 37 C Continuation Divisional Prior application information:		• •	•	of prior	n below and in a application No		ment,	
For CONTINUATION OR DIVISIONAL APPS	only: The entire		ure of the prior a	pplication				
under Box 5b, is considered a part of the disci eference. The incorporation can only be relie								
	19. CORRES	SPON	DENCE ADDR	≀ESS				
Customer Number or Bar Code Label	(Insert Custome	r No. or	Attach bar code lab	ei)	or 🛭 Co	orrespondence add	lress below	
Dade Behring Inc. VAME Legal Dept Patents								
ADDRESS 1717 Deerfield, Rd., #778								
CITY Deerfield	***		STATE	IL	ZIP COD	E 60015-077	8	
COUNTRY USA	TELEPHONE	847-	267-5364		FAX	847-267-5376		

Cynthia G.Tymeson 34,745 Name (Print/Type) Registration No. (Attorney/Agent) 8/07 Signature

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

to a collection of information unless it displays a valid OMB control num

FEE TRANSMITTAL for FY 2001

TOTAL	ABAOLINIT	OF D	VIIELD
IUIAL	AMOUNT	UF P	ATMENI

	(\$)	-	λ		۸	0
1	(4)	1	 O	•	U	~

Under the Paperwork Reduction Act of 19	95, no persons are required t	o respond to a collection of info	rmation unless it displays a valid OMB control number
CEE TO A NO		Co	emplete if Known
FEE TRANSMITTAL		Application Number	
for FY 2001 Patent fees are subject to annual revision.		Filing Date	
		First Named Inventor	Gebrian et al.
		Examiner Name	·
	1	Group Art Unit	
OTAL AMOUNT OF PAYMENT	(\$) T 10.00	Attorney Docket No.	M N- 9121

METHOD OF PAYMENT	FEE CALCULATION (continued)						
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES						
indicated fees and credit any overpayments to: Deposit	Large Small						
Account Number 04-6310	Entity Entity Fee Fee Fee Fee Fee Description	Fe Paid					
Deposit	Code (\$) Code (\$)	re raiu					
Account Name	105 130 205 65 Surcharge - late filing fee or oath						
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet						
Applicant claims small entity status.	139 130 139 130 Non-English specification						
See 37 CFR 1.27	147 2,520 147 2,520 For filing a request for ex parte reexamination						
2. Payment Enclosed:	112 920° 112 920° Requesting publication of SIR prior to						
Check Credit card Order Other	Examiner action 113 1,840* 113 1,840* Requesting publication of SIR after						
FEE CALCULATION	Examiner action						
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month						
Large Entity Small Entity	116 390 216 195 Extension for reply within second month						
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 890 217 445 Extension for reply within third month						
101 710 201 255 Utiliby Sling for	118 1,390 218 695 Extension for reply within fourth month						
106 320 206 160 Design filing fee	128 1,890 228 945 Extension for reply within fifth month						
107 490 207 245 Plant filing fee	119 310 219 155 Notice of Appeal						
108 710 208 355 Reissue filing fee	120 310 220 155 Filing a brief in support of an appeal						
114 150 214 75 Provisional filing fee	121 270 221 135 Request for oral hearing						
0UDTOTAL (1) (0) 51 D	138 1,510 138 1,510 Petition to institute a public use proceeding						
SUBTOTAL (1) (1) 710,00	140 110 240 55 Petition to revive - unavoidable						
2. EXTRA CLAIM FEES Fee from	141 1,240 241 620 Petition to revive - unintentional						
Extra Claims below Fee Paid	142 1,240 242 620 Utility issue fee (or reissue)						
Total Claims D -20** = -0- X (6.00 = -0-)	143 440 243 220 Design issue fee						
Claims \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	144 600 244 300 Plant issue fee						
Multiple Dependent	122 130 122 130 Petitions to the Commissioner	<u> </u>					
Large Entity Constl. Costs.	123 130 123 130 Petitions related to provisional applications						
Large Entity Small Entity Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt						
Code (\$)	581 40 581 40 Recording each patent assignment per property (times number of properties)						
102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filing a submission after final rejection						
104 270 204 135 Multiple dependent claim, if not paid	(37 CFR § 1.129(a)) 149 710 249 355 For each additional invention to be						
109 80 209 40 ** Reissue independent claims over original patent	149 710 249 355 For each additional invention to be examined (37 CFR § 1.129(b))						
110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Examination (RCE)						
and over original patent	169 900 169 900 Request for expedited examination of a design application						
SUBTOTAL (2) (\$) -0-	Other fee (specify)						
or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) -<	> _					

SUBMITTED BY Complete (if applicable)					
Name (Print/Type)	Cynthia G. Tymeson	Registration No. (Attorney/Agent)	34,745	Telephone	847-267-5365
Signature	Cently & -	-		Date	8/07/0/

WARNING: Inf rmati n n this form may bec me public. Credit card inf rmati n sh uld n t b includ d n this f rm. Provide credit card inf rmati n and auth rizati n n PTO-2038.